24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI LXI LIVL	TOTILO		PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼	
National Nurses United for Patient	Protection		С		
Check if 24-hour report 48-hour report	X New re	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y	
Full Name of Payee California Nurses Association			M = M		
Mailing Address 155 Grand Avenue			Amount	26 2016	
City Oakland	State CA	Zip Code 94612	Transaction	16650.00 on ID : D710992	
Purpose of Expenditure Radio time buy	<u> </u>	Category/		sbursement or Obligation	
Name of Federal Candidate		Type Support	Office Sought:	House District: 00	
Bernie Sanders		Oppose	President	Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought	,,,,	16650.00	Disbursement For 2016 Other	r: X Primary General (specify) ▶	
Full Name of Payee California Nurses Association			Date of Pu	ublic Distribution/Dissemination	
Mailing Address 155 Grand Avenue			Amount	20 2010	
City Oakland	State CA	Zip Code 94612	Transaction	12020.00 n ID : D710993	
Purpose of Expenditure Radio time buy	<u> </u>	Category/		sbursement or Obligation	
Name of Federal Candidate		Type	Office Sought:	House District: 00	
BERNARD SANDERS		Support Oppose	President	Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought		12020.00	Disbursement For 2016 Other	r:	
(a) SUBTOTAL of Itemized Independent Expend	litures		•	28670.00	
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>	T T T	
(c) TOTAL Independent Expenditures			>	7 1 7 1 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl Signature	[Electro	nically Filed] Date	e 03 / D	6 2016	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI EIVE	MIGHES		PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) National Nurses United for Patient	Protection			FEC IDENTIFICATION NUMBER ▼	
TValional TVuises Office for Fatient	Totection			C C00490375	
Check if 24-hour report 48-hour report	New re	port Amends repo		M = M / D = D / Y = Y = Y = Y	
Full Name of Payee California Nurses Association				of Public Distribution/Dissemination	
Mailing Address 155 Grand Avenue			Amor	03 26 2016 unt	
City	State	Zip Code	— Г	23500.00	
Oakland	CA	94612		saction ID : D710994 of Disbursement or Obligation	
Purpose of Expenditure Radio time buy		Category/ Type		03 / 15 / 2016	
Name of Federal Candidate		Support	Office Soug	ht: House District: 00	
BERNARD SANDERS		Oppose	X Presid	lent Senate State: HI	
Calendar Year-To-Date Per Election for Office Sought		23530.00	Disburseme 2016	nt For:	
Full Name of Payee California Nurses Association			Date	of Public Distribution/Dissemination	
Mailing Address			[03 / 25 / 2016	
155 Grand Avenue			Amo	unt	
City	State	Zip Code		30.00	
Oakland	CA	94612		action ID : D711024 of Disbursement or Obligation	
Purpose of Expenditure Online ads		Category/ Type] [03 / 26 / 2016	
Name of Federal Candidate		X Support	Office Soug	ht: House District: 00	
BERNARD SANDERS		Oppose	X Presid	dent Senate State: HI	
Calendar Year-To-Date Per Election for Office Sought		23530.00	Disburseme 2016	nt For:	
(a) SUBTOTAL of Itemized Independent Expend	ituros			20522.22	
(a) SOBTOTAL OF Remized independent Expend	itules			23530.00	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·· •	7 7 7	
(c) TOTAL Independent Expenditures			· •	52200.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl	[Electro	nically Filed] Date	9 03	26 2016	
Signature					